

Foster Family Home - Corrective Action Report

Provider ID: 1-580226

Home Name: Soo Yeon Phillips, CNA

Review ID: 1-580226-7

1033 Ala Lilikoi Street

Reviewer: Angelica Galindo

Honolulu HI 96818

Begin Date: 12/3/2018

End Date:

12/03/18

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 12/03/18.

6.(d)(1) - Home in compliance with all requirements

Angelica Galindo, RN

Compliance Manager

12/03/18

Date

J. Ruelke

Primary Care Giver

12/3/18

Date